

*Application for Admission
Grades 1-8*



SEEKING KNOWLEDGE + MODELING CHRIST + SERVING OTHERS



Saint Matthew School

ESTABLISHED 2001

To complete the enrollment application process, please provide each of the following items:

- Current photo of applicant
- Copy of birth certificate
- Copy of baptismal certificate copy (if applicable)
- Copy of First Communion certificate (if applicable)
- TN Department of Health Certificate of Immunization
- Copy of report card from current and previous year
- Copy of most recent standardized tests
- Copy of educational and/or psychological testing (if applicable)
- Current and past individual education plan (IEP), service plan (SSP), 504 accommodation plan, etc. (3 years, if applicable)
- \$50 non-refundable application fee, payable to Saint Matthew School

For office use only:

DATE RECEIVED

Applicant's Information: (please print clearly)

APPLICANT'S LAST NAME FIRST NAME MIDDLE NAME PREFERS TO BE CALLED

APPLICANT'S SOCIAL SECURITY NUMBER DATE OF BIRTH

Gender: Male Female

Please select one: African American Hawaiian/Pacific Islander
 American Indian/Native Alaskan Hispanic
 Asian Multi-racial
 Caucasian Other: _____

APPLICANT'S STREET ADDRESS CITY, STATE & ZIP

APPLICANT'S HOME PHONE PARENT CELL

PREFERRED PARENT E-MAIL ADDRESS

APPLICANT'S RELIGION IF CATHOLIC, LIST PARISH

APPLICANT'S BAPTISM DATE CHURCH CITY & STATE

APPLICANT'S FIRST COMMUNION DATE CHURCH CITY & STATE

APPLICANT'S CURRENT SCHOOL CURRENT GRADE

SCHOOL ADDRESS CITY, STATE & ZIP

Please list former schools in order beginning with most recent:

SCHOOL CITY & STATE DATES ATTENDED

SCHOOL CITY & STATE DATES ATTENDED

Applying for grade: _____ **Requested date of entrance:** _____

T-shirt size: Youth S Youth M Youth L Adult S Adult M Adult L

Please list two references for your child, including a current or former (within 2 years) teacher. You may also include coaches, scout leaders, etc. Please do not include relatives:

NAME RELATIONSHIP TO APPLICANT PHONE EMAIL

NAME RELATIONSHIP TO APPLICANT PHONE EMAIL

Additional Information: (please print clearly)

Please note: The following information is used to assess our ability to meet the needs of your child. Misrepresentation of information on this form will cause admission status to be reconsidered. If extra space is needed for your answers, please attach a separate sheet.

1. What is your child's general health?

- Excellent Satisfactory Poor
 Good Fair

2. Is your child on any type of medication?

- Yes No

If "Yes," please list:

MEDICATION #1	DOSAGE
DIAGNOSIS	
MEDICATION #2	DOSAGE
DIAGNOSIS	

3. Does your child require any physical or instructional accommodations at his/her current school?

- Yes No

If "Yes," please explain:

4. Is your child currently provided special services at his/her school (IEP, SSP, 504 accommodation plan, school counselor, or other)?

- Yes No

Do you suspect any disability?

- Yes No

If "Yes" to either question, please explain and list any testing that has been completed:

5. Has your child ever been treated by a psychiatrist, psychologist or counselor?

- Yes No

If "Yes," please list names and addresses of professionals:

NAME

ADDRESS

NAME

ADDRESS

Do you grant permission for the school to communicate with the above mentioned professionals concerning your child's specific needs?

- Yes No Does not apply

Comments:

6. Does your child have any significant dietary restrictions (Celiac, peanut allergy, etc.) ?

- Yes No

If "Yes," please explain:

7. Briefly describe your child's personality and disposition (e.g. outgoing, shy, cheerful, anxious)

SIGNATURE OF PARENT/GUARDIAN

DATE